## Lake Reynovia Pool Access COVID-19 Symptom Review Form

This form should be filled out for every visit to the pool to ensure a safe pool environment for our community. If you haven't already, make sure you visit <u>https://lakereynovia.org/covid-19-pool-reservation-process</u> to begin the process to allow access to the pool.

\* Required

- 1. Please Enter Your Name \*
- 2. Enter your Household's Name (You must have filled out the Liability Waiver) \*
- 3. Please check or initial next to each following statements about you and your household members visiting the pool today: \*

Check all that apply.

I have not, nor any member(s) of my household, nor guest(s) assisting with childcare experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 within the last 14 days.

I have not, nor any member(s) of my household, nor guest(s) assisting with childcare been diagnosed to be infected of COVID-19 virus within the last 30 days.

I have not, nor any member(s) of my household, nor guest(s) assisting with childcare been in contact with anyone known to be infected with COVID-19

**Please Sign** 

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